

STD PREVENTION PARTNERSHIP FACTLINE

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ADOLESCENTS, THEIR PHYSICIANS, AND SEXUAL HEALTH

Reference: Schuster MA, Bell RM, Petersen LP, Kanouse DE. Communication Between Adolescents and Physicians About Sexual Behavior and Risk Prevention. *Archive of Pediatric Adolescent Medicine* 1996;150:906-913.

BACKGROUND: Adolescence is a period of high risk for STDs, yet many adolescents have only a limited knowledge of these risks and how to prevent them. Providers can serve as a resource of information about sexual matters for this young age group. They are in a unique position to provide valuable information about sex and risk prevention to adolescents who may otherwise have no opportunity to discuss these issues in a safe environment. One method for bringing up sensitive issues about sex and prevention is for a provider to take a sexual history as part of routine screening for pregnancy, STDs, and other sexual health problems. The medical profession recommends promoting sexual health as part of routine adolescent care, but the study profiled in this journal article review indicates providers rarely follow such recommendations.

RESEARCH: A survey was conducted of high school students in a single urban school district in Los Angeles County in April 1992. The survey covered knowledge, attitudes, and behaviors related to sex and AIDS. The results were drawn from 4 sets of questions covering provider-patient communication about sexual matters. The first set asked respondents whether a provider had ever done the following: talked about how to avoid getting AIDS from sex; recommended using condoms for protection; explained how to use condoms; discussed the respondent's sex life; explained how to say no to unwanted sex; brought up sexual orientation issues. The second set of questions explored how beneficial it would be to discuss sexual matters with a provider. The third set asked whether respondents would trust a provider to keep sexual health matters confidential if they did not want their parents to know. The fourth set used measured knowledge of legal protection that allows providers to discuss sexual matters and provide health care without parental consent. In addition, the survey asked whether a provider had ever given the respondent condoms. 39% of adolescents reported discussions with a provider about how to avoid getting AIDS from sex, 37% about using condoms, 13% about how to use condoms, 15% about the adolescent's sex life, 13% about how to say no to unwanted sex, and 8% about sexual orientation. In addition, 8% of adolescents had been given condoms by a provider. Most adolescents (80-90%) would find it at least a little helpful to talk with a provider about various sexual matters. Most teens would trust a provider to keep it secret when they asked questions about sex (75%), when they said that they were having sex (65%), or that they were using contraception (68%). Fewer teens (44%) would trust providers to keep it confidential when they were infected with an STD, and 54% of adolescents knew that providers in their state do not have to tell parents about STDs or pregnancy.

IMPLICATIONS: Although several professional medical organizations recommend that providers discuss sexual matters and routinely take sexual health histories to determine risk behaviors of their adolescent patients, most adolescents report that these services are not rendered. Providers should be more receptive to incorporating sexual issues into their health care services for adolescent populations. In addition, future research could provide a more comprehensive understanding of this subject by analyzing it from the provider's point of view. It would be helpful to understand better what providers think the obstacles are in discussing sexual health issues with adolescents.

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